



Arkansas Secretary of State

Charlie Daniels

State Capitol • Little Rock, Arkansas 72201-1094
501-682-3409 • www.sosweb.state.ar.us

Health Spa Consumer Protection Act

(Act 264 of 1989)

Annual Registration Statement
(Please Submit in Duplicate)

Date: _____

Name of Health Spa: _____

Street Address: _____

The name and addresses of all officers, directors and stockholders of the Health Spa as follows:

Name

Position Held

Address

(Attach separate list if necessary)

Name of Health Spa's parent corporation, if applicable:

Street Address: _____

The names and street addresses of all officers, directors and stockholders of the Health Spa's parent corporation are as follows:

Name

Position Held

Address

(Attach separate list if necessary)

The types of facilities available are as follows: _____

Name, street address and telephone number of a contact person responsible for filing annual registration:

NAME _____

(Signature of Contract Person)

STREETADDRESS _____

(Telephone Number)

ADDRESS: _____

City

State

ZIP

NOTE: Subsequent annual reports may be filed within thirty (30) days of the anniversary date of this filing.

CFD-03 Rev. 2/03